



## How to Read Your Primary Service Area Non-Native Inclusion Pages

If you participated in the Non-Native Inclusion planning effort then you may find it helpful to consult this reference. You worked with an Innova Group consultant through an ordered path to arrive at a reasonable, supportable projection and delivery plan for serving a “Native American Plus” (Native + Non-Natives) population at your clinic in 2015. These steps included:

### Historical Workload

A study of historical workloads similar to your Native American documentation. For this effort, however, the RPMS data was queried by all beneficiary codes allowing both Native and Non-Native workloads to be shown by location of encounter and community of residence (PSA communities selected for planning purposes). CHS visits are not recorded since Non-Natives are not eligible for Contract Health Services.

### Patient Profile & Opportunity

A profile of potential patients and relative opportunity, specifically focusing on Non-Natives, Medi-cal, and veterans. Each of these patient populations were counted since they could form the basis for anticipating future non-native workload, either independently or in some combination. Understanding the current and projected number of unique Non-Native patients, unique Non-Native Medi-cal patients, and unique Veteran eligibles and patients, offers several discreet population groups from which to project visits by discipline. This data comes from the RPMS data set as well as state and Veteran data-bases.

### NA+ Market Assessment

A comparison of potential future markets. We created six pictures of your potential future Non-Native market: the PSA (selected communities for planning purposes) only Non-Native Medi-cal patient population, the PSA total Non-Native patient population, the total county Non-Native Medi-cal patient population, the total county Non-Native population, the total county Veteran eligible population, and the total county Veteran patient population. These projected populations form a composite window of relative opportunity that supports the Native American Plus delivery plan and resource allocation work.

### NA+ Resource Allocation

Delivery planning and resourcing page that allowed you to immediately view how adjusting the planned percentage growth in Non-Native workload affected your delivery plan and required resources. The initial growth rate projected for all disciplines was based upon Non-Native population growth rates from counties you plan to receive future Non-Native workload from. You either accepted or adjusted that percentage growth by discipline based upon how much of the future market (based upon the Patient Profile & Opportunity) you felt was reasonable to anticipate capturing at your facility.

### NA+ Resource Demand & Cost

Identification of net resource demand/cost of serving your anticipated Non-Native population in 2015. Resources required to serve your Native-American Plus population are compared to resources required to serve your Native-American Only population. The difference is identified by discipline and related to total future space needs (project cost per square meter) and staffing needs (salary cost per FTE). This total demand impact is presented at the bottom of the page and divided into the financial investment you made in planning for Non-Natives. The resulting “Planning Cost per 2015 Dollar” shows your cost per future space and staff need dollar to accurately anticipate the future and minimize your risk.





## Guide to the Historical Workloads Pages

## Sample Portion of a Typical Historical Workload Page

### Historical Workloads - Native American Plus

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

Discipline	Community of Residence				Location of Encounter			
	2002	2003	2004	Average	2002	2003	2004	Average
	Provider Visits Only				Provider Visits Only			
Primary Care								
Family Practice	8,134	7,807	8,287	8,076	7,219	7,145	7,584	7,316
Internal Medicine	324	475	541	447	321	278	374	324
Pediatric	354	375	384	371	241	341	278	287
Ob/Gyn	241	254	356	284	125	145	135	135
Emergency Care								
Emergency/Urgent	3	1	2	2	0	1	0	0
ER/Non-urgent	0	1	1	1	0	1	1	1
Specialty Care								
Orthopedics	0	0	0	0	0	0	0	0
Ophthalmology	0	0	0	0	0	0	0	0
Dermatology	0	0	0	0	0	0	0	0
General Surgery	0	0	0	0	0	0	0	0
Otolaryngology	0	0	0	0	0	0	0	0
Cardiology	0	0	0	0	0	0	0	0
Urology	1	2	0	1	0	0	0	0
Neurology	0	0	0	0	0	0	0	0
Nephrology	0	0	0	0	0	0	0	0

These 3 blue columns detail your Historical Workload for the years shown at the top of the page, just like a "Native Only" Workloads page. These numbers are from the RPMS data set and represent both visits by community of residence (for communities assigned to your facility for future planning purposes) as well as visits by location of encounter.

The primary difference between this workload study and the "Native Only" lies in the fact that visits by all Beneficiary Codes are shown rather than an Indian only Beneficiary Code of "01".

These yellow columns average the 3 year workloads for Direct Care. Notice that both Community of Residence and Location of Encounter workloads are on one page. This is possible since Contract Health data is not relevant for this effort.

## A Guide to the Patient Profile & Opportunity Page

### Sample Portion of a Typical Patient Profile & Opportunity Page

#### Patient Profile & Opportunity

This Patient Profile & Opportunity is driven by information collected from Service Areas participating in the Non-Native Inclusion effort and their completed NNI Questionnaires. Medi-Cal, Veterans and Population Projections by County and Age are based on data obtained from the California Department of Finance (CDOF) and the California Department of Health Services (CDHS). This data, stratified by age and date, forms the basis for associated workloads shown in the Market Assessment for Non-Native Inclusion (MANNI) following this page. The MANNI assumes a 5% anticipated % Non-Native Workload growth in 2015 as reflected in the Resource Allocation table.

#### Existing Profile by

Total Unique Patients and Unique Native Patients are from the RPMS data set. The difference between the two provides the number of Non-Native Patients. The Medi-Cal patient is identified by the use of a Medicaid filter when querying the data.

Patients			0-14	15-44	45-64	65+	Total
2002-2004 RPMS Data	All	Unique # of Patients	1,034	1,634	706	225	3,599
		Unique # of Native American Patients	830	1,318	480	172	2,800
		Unique # of Non-Native Patients	204	316	226	53	799
	Medi-Cal	Unique # of Patients	461	588	228	76	1,353
		Unique # of Native American Patients	345	450	155	61	1,011
		Unique # of Non-Native Patients	116	138	73	15	342

#### Opportunity

Non-Native County populations are from the California State Department of Finance and are projected through to 2015.

Year		County Growth Rate by Age	Mix	0-14	15-44	45-64	65+	Total
CA Dept. of Finance & CA Dept. Health Svcs	2004	Non-Native County / Service Area Pop *	All	16,696	32,583	23,571	12,271	85,122
			Medi-Cal	6,956	7,128	2,650	1,665	18,400
	2015	Projected Non-Native County / Service Area Pop **	All	17,857	35,039	22,859		
			Medi-Cal	7,440	7,665	2,570		
		Projected PSA Non-Native Patients	All	218	340	219		
			Medi-Cal	124	148	71		

These numbers identify eligible Veterans for the current year as well as the projection year. Data is from the Department of Veterans Affairs.

Medi-cal populations are identified and from the California Department of Health Services.

Veterans Administration	2004	County / Service Area Veteran Population	Eligible	0	1,414	3,432	3,640	8,486
			Patients					2,210
	2015	County / Service Area Veteran Population ***	Eligible	0	878	1,829	3,776	6,283
			Patients	0	229	424	983	1,636

Existing Patients are provided as a total and projected in proportional relationship to the growth of projected eligibles.



## A Guide to the Market Assessment NNI Page

## Sample Portion of a Market Assessment Non- Native Inclusion Page

### Market Assessment Non-Native Inclusion - Medi-Cal, Non-Native & Veteran

Provides six market opportunities to consider in relationship to the primary weighted county growth rate utilized in the Resource Allocation Native American Plus. Projected numbers used assume 100% market share.

Year Demand Profile County / Service Area Pop	2015 Projections					
	Medi-Cal and Non-Native Demand				Veteran Demand	
	363	846	19,848	91,769	6,283	1,636
Discipline	PSA Non-Native Medi-Cal Patients	PSA Non-Native Patients	County Non-Native Medi-Cal Pop.	County Non-Native Pop.	County Eligibles	County Patients
<b>Primary care</b>						
Family Practice	382	923	21,073	105,665	8,429	2,195
Internal Medicine	138	375	8,046	49,641	6,040	1,573
Pediatric	222	415	12,881	36,044	315	82
Ob/Gyn	134	319	6,807	33,371	1,259	328
Urgent Care Clinic						
Primary Care Sub-Tot.	876	2,032	48,807	224,720	16,043	4,178
<b>Emergency Care</b>						
Emergency/Urgent	81	188	4,535	20,770	1,529	398
ER/Non-urgent	54	125	3,023	13,847	1,020	266
Emerg. Care Sub-Tot.	135	313	7,558	34,617	2,549	664
<b>Specialty Care</b>						
Orthopedics	64	161	3,425	18,526	1,485	387
Ophthalmology	44	123	2,931	18,697	2,963	772
Dermatology	49	123	2,741	14,880	1,373	358
General Surgery	49	125	2,749	15,028	1,441	375
Otolaryngology	31	73	1,737	8,367	689	179
Cardiology	13	42	923	6,831	1,191	310
Urology	16	45	1,023	6,522	950	247
Neurology	14	34	733	4,028	353	92

These markets provide opportunities to see what percentage growth would be required, by discipline, to capture your anticipated market share. This share was compared to a baseline growth rate taken from a county mix you deemed appropriate to anticipate future workload from.

These numbers are generated by relating the Patient Profile & Opportunity populations to utilization rates by age and sex per discipline. Like the Native Only Market Assessment, this page provides a "range" of markets to choose from in planning future volumes. It offers Medi-cal, Non-Native, and Veteran sensitivity.

## A Guide to the NA+ Resource Allocation Page

### Sample Portion of a Typical Native American Plus Resource Allocation Page

#### Resource Allocation: Native American Plus Non-Native

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics based upon the aggregate projected native and non-native workload where anticipated. Contract Health is not considered due to non-native inclusion (see "Resource

Non-Native Projection Methodology						15.2% < Proj. County/Service Area Growth Rate				
Discipline	2003			2015		Direct Health Care				
	Native Wkld	Non-Native Wkld	Total	Native Proj.	Non-Native Proj.	Native + Planned Projected	Key Characteristics (KC)	# Req'd in 2015	KC (From Quest.)	% of Need
	%	%		%	%					
Primary Care										
Family Practice	6,733	1,343	8,076	11,171	2,686	13,857	Providers	3.1	1.5	48%
	83.4%	16.6%		65.9%	100.0%	Vst. Providers to outlying areas.	Provider Offices	4.0	1.0	25%
							Exam Rooms	9.7	4.0	41%
Internal Medicine	350	97	447	1,782	290	2,072	Providers	0.6		0%
	78.4%	21.6%		409.1%	200.0%	Vst. Providers to outlying areas.	Inpatient Physician	0.0		100%
							Provider Offices	1.0		0%
							Exam Rooms	1.5		0%
Pediatric	252	119	371	2,778	298	3,076	Providers	0.7	0.1	14%
	67.8%	32.2%		1003.7%	150.0%	Vst. Providers to outlying areas.	Inpatient Physician	0.0		100%
							Provider Offices	1.0		0%
							Exam Rooms	2.2		0%
Ob/Gyn	148	136	284	1,907	408	2,315	Providers	0.8		0%
	52.1%	47.9%		1191.7%	200.0%	Vst. Providers to outlying areas.	Inpatient Physician	0.0		100%
							Provider Offices	1.0		0%
							Exam Rooms	1.6		0%
Urgent Care Clinic	1	-	1	1	-	1	Providers	0.0		100%
	100.0%	0.0%		12.8%	15.2%	Vst. Providers to outlying areas.	Provider Offices	0.0		100%
							Exam Rooms	0.0		0%
Primary Care Total						21,320	Providers	5.2	1.6	31%
							Provider Offices	7.0	1.0	14%

These boxes discreetly identify both Native and Non-Native workload, along with corresponding percentages

These boxes determine what percentage growth of Non-Native workload was planned for. It remained the baseline % unless it was overridden by a higher or lower %, you deemed appropriate.

These boxes are your new NA+ delivery plan. OS means "On-Site", VP means "Visiting Provider", both of which allows space to be generated as a need in the right hand columns. CHS or REG delivery plan selections do not generate space need.

This % is the baseline assumption you entered your planning process with, taken from an appropriate anticipated county market source.

The new discipline resources required, in comparison to existing resources, are shown in these columns. These existing KCs are the same as identified on your "Native Only" Resource Allocation pages.

## A Guide to the Resource Demand/Cost Page

## Sample Portion of a Typical Native American Plus Resource Demand & Cost Page

**Resource Allocation:** Native American Plus Resource Demand & Cost

Compares Key Characteristics needed to serve Native Americans with the Key Characteristics needed to serve a "Native American Plus" population, showing the difference in terms of Non-Native resource demand and a projected 2015 final resource impact cost.

Discipline	Native + Planned Projected	Direct Health Care			Non-Native Resource Demand	Projected Non-Native Resource Demand Cost				
		Key Characteristics (KC)	NA # Req'd in 2015	NA # Req'd in 2015			KC (From Quest.)			
Primary Care		Provider Visits Only								
Family Practice	13,857	Providers	2.5	3.1	1.5	0.6	See last page of document. Roll-up Resource Demand Cost provided there.			
		Vst. Providers to outlying areas.	0.0	0.0	0.0					
		Provider Offices	3.0	4.0	1.0	1.0				
		Exam Rooms	8.5	9.7	4.0	1.3				
		Providers	0.0	0.6	0.0	0.6				
		Providers to outlying areas.	0.0	0.0	0.0					
		Inpatient Physician	0.0	0.0	0.0					
		Provider Offices	0.0	1.0	0.0	1.0				
		Exam Rooms	0.0	1.5	0.0	1.5				
		Providers	0.6	0.7	0.1	0.1				
		Providers to outlying areas.	0.0	0.0	0.0					
		Inpatient Physician	0.0	0.0	0.0					
		Provider Offices	1.0	1.0	0.0					
		Exam Rooms	2.1	2.2	0.0	0.1				
		Providers	0.6	0.8	0.0	0.2				
		Vst. Providers to outlying areas.	0.0	0.0	0.0					
		Inpatient Physician	0.0	0.0	0.0					
		Provider Offices	1.0	1.0	0.0					
		Exam Rooms	1.4	1.6	0.0	0.2				
		Providers	0.0	0.0	0.0					
		Providers to outlying areas.	0.0	0.0	0.0					
		Provider Offices	0.0	0.0	0.0					
		Exam Rooms	0.0	0.0	0.0					
		Providers	3.7	5.2	1.6	1.5				
		Provider Offices	5.0	7.0	1.0	2.0				
		Support (RN+LPN+CNA)	5.6	7.8	5.0	2.3				
		Exam Rooms	12.0	15.0	4.0	3.0				
		Dept. Gross Sq. Mtr	552.5	672.8	258.0	120.4				
			128.9	140.1	35.0	11.2	X	\$88,479	\$995,375	
Total Clinical Space - Building Gross Square			4,121	4,270	2,340	148.7	X	\$3,220	\$478,713	
									1 - see below	
Native Resource Demand Cost for 2015								>	\$	995,375
Non-Native Inclusion Study Cost by PSA								>	\$	6,322
A+ Planning Cost Per 2015 Dollar Impact								>	\$	0.0064
									2 - see below	